CONFIDENTIAL

Eye Report for Children with Visual Problems

Name of Student: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Telephone Number: (_____) _____ Grade: _____ School: _____

1. HISTORY
   a. Probable age of onset of vision impairment. Right eye (O.D.) _____ Left eye (O.S.) _____
   b. Severe ocular infections, injuries, operations, if any, with age at time of occurrence _____
   _____
   c. Has pupil's ocular condition occurred in any blood relative(s)? _____ If so, what relationship(s)? _____

2. MEASUREMENTS (See back of form for preferred notation for recording visual acuity and table of approximate equivalents.)
   a. VISUAL ACUITY

	DISTANT VISION			NEAR VISION			PRESCRIPTION		
	Without correction	With best correction	With low vision aid	Without correction	With best correction	With low vision aid	Sph.	Cyl.	Axis
Right eye (O.D.)									
Left eye (O.S.)									
Both eyes (O.U.)									

   b. If glasses are to be worn, were safety lenses prescribed in: Plastic _____ Tempered glass _____ with ordinary lenses
   c. If low vision aid is prescribed, specify type and recommendations for use _____
   d. FIELD OF VISION: Is there a limitation? _____ If so, record results of test on chart on back of form.
   What is the widest diameter (in degrees) of remaining visual field? O.D. _____ O.S. _____
   e. Is there impaired color perception? _____ If so, for what color(s) _____

3. CAUSE OF BLINDNESS OR VISION IMPAIRMENT
   a. Present ocular condition(s) responsible for vision impairment. (If more than one, specify all but underline the one which probably first caused severe vision impairment.) O.D. _____ O.S. _____
   b. Preceding ocular condition, if any, which lead to present condition, or the underlined condition, specified in 3(a) O.D. _____ O.S. _____
   c. Etiology (underlying cause) of ocular condition primarily responsible for vision impairment, (e.g., specific disease, injury, poisoning, heredity or other prenatal influence.) O.D. _____ O.S. _____
   d. If etiology is injury or poisoning, indicate circumstances and kind of object or poison involved. _____
   _____

4. PROGNOSIS AND RECOMMENDATIONS
   a. Is pupil's vision impairment considered to be: Stable ___ Deteriorating ___ Capable of improvement ___ Uncertain ___
   b. What treatment is recommended, if any? _____
   c. When is reexamination recommended? _____
   d. Glasses: Not needed ____ To be worn constantly ____ For close work only ____ Other (specify) _____
   e. Lighting requirements: Average ____ Better than average ____ Less than average ____
   f. Use of eyes: Unlimited ____ Limited, as follows: _____
   g. Physical activity: Unrestricted ____ Restricted as follows: _____

Date of examination: _____

Signature of examiner: _____ Degree _____

Address: _____

If clinic case: Number _____ Name of clinic _____

Return to: **Indiana School for the Blind and Visually Impaired**
Attention: Keever Health Center
7725 North College Avenue
Indianapolis, IN 46240-2504
Phone (317) 253-1481 x152
Fax (317) 253-7174

revised 3/2015

PREFERRED VISUAL ACUITY NOTATIONS

DISTANT VISION. Use Snellen notation with test distance of 20 feet. (Examples: 20/100, 20/60). For acuities less than 20/200, record distance of which 200 foot letter can be recognized as numerator of fraction and 200 as denominator. (Examples: 10/200, 3/200). If the 200 foot letter is not recognized at 1 foot, record abbreviation for best distant vision as follows:

HM	HAND MOVEMENTS
PLL	PERCEIVES AND LOCALIZED LIGHT IN ONE OR MORE QUADRANTS
LP	PERCEIVES BUT DOES NOT LOCALIZE LIGHT
No LP	NO LIGHT PERCEPTION

NEAR VISION. Use standard A.M.A. notation and specify best distance at which pupil can read. (Example: 14/70 at 5 in.)

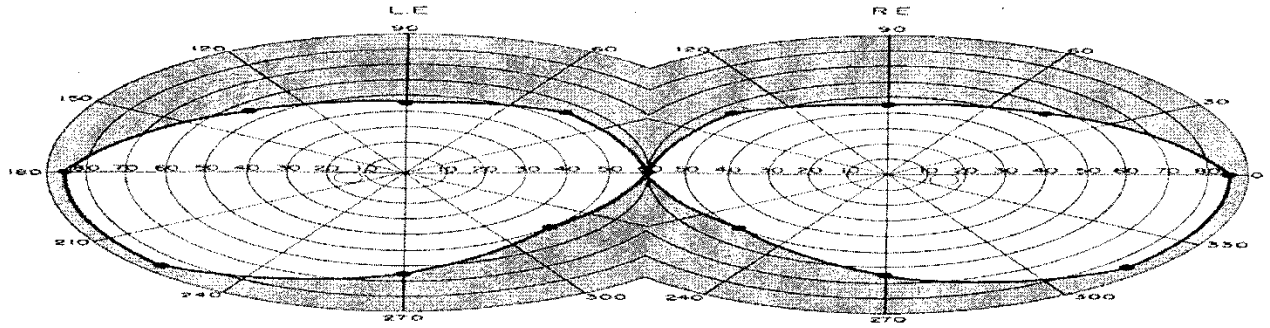
TABLE OF APPROXIMATE EQUIVALENT VISUAL ACUITY NOTATIONS

These notations serve only as an indication of the approximate relationship between recordings of distant and near vision and point type sized. The teacher will find in practice that the pupil's reading performance may vary considerably from the equivalents shown.

	Near					
Distance Snellen	A.M.A.	Jaeger	Metric	% Central Visual Efficiency for Near	Point	Usual Type Text Size
20/20 (ft.)	14/14/(in.)	1	0.37(M.)	100	3	Mail order catalogue
20/30	14/21	2	0.50	95	5	Want ads
20/40	14/28	4	0.75	90	6	Telephone directory
20/50	14/35	6	0.87	50	8	Newspaper text
20/60	14/42	8	1.00	40	9	Adult text books
20/80	14/56	10	1.50	20	12	Children's books 9-12 yrs.
20/100	14/70	11	1.75	15	14	Children's books 8-9 yrs.
20/120	14/84	12	2.00	10	18	
20/200	14/140	17	3.50	2	24	Large type text
12.5/200	14/224	19	6.00	1.5		
8/200	14/336	20	8.00	1		
5/200	14/560					
3/200	14/900					

FIELD OF VISION. Record results on chart below.

Type of test used: _____ Illumination in ft. candles: _____



Test object: Color(s) _____ Size(s) _____ Test object: Color(s) _____ Size(s) _____

Distance(s): _____ Distance(s): _____

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